

ISSUE SLIP STAPLE AREA (for additional cross references)

POSTAL CODE	INITIALS	ID NO.	DATE
FEE DETERMINATION			7/10
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	06-28-01
FORMALITY REVIEW	YR	956	08/15/01
RESPONSE FORMALITY REVIEW	HC	717	10-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/22/03
2	✓	✓	7/15/03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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12	✓	✓	
13	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
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143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

52/900
 08/15/01
 861
 10-10-1